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CONFIRMATION NO. 2778

FILING RECEIPT



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O I P E  
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 Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Domestic Priority data as claimed by applicant

This application is a CIP of 09/522,275 03/09/2000 PAT 6,413,255  
 which claims benefit of 60/123,440 03/09/1999

Foreign Applications

If Required, Foreign Filing License Granted: 03/01/2002

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\*\* SMALL ENTITY \*\*

Title

Handpiece for treatment of tissue

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